

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN46107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Post Survey Revisit to the Recertification and State Licensure completed on August 1st, 2011.</p> <p>This visit was in conjunction with the investigation of complaints IN00095190 and IN00095409.</p> <p>Survey dates: September 8th and 9th, 2011</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Survey team: Leia Alley, RN, TC Barbara Hughes, RN Patty Allen, BSW Courtney Mujic, RN Karina Gates, BHS</p> <p>Census bed type: SNF: 15 SNF/NF: 107 Residential: 14 Total: 136</p> <p>Census payor type: Medicaid: 74 Medicare: 23 Other: 39</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>Total: 136</p> <p>Sample: 14</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 9/14/11 Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure diet orders were followed for 3 of 14 residents in a total sample of 14. (Resident #17, Resident #117, and Resident #5)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #17 was reviewed on 9/8/11 at 11:30 a.m.</p> <p>The diagnoses for Resident #17 included, but were not limited to: Diabetes Mellitis, Hyperlipidemia, Hypertension, and Poor</p>			F0282	<p>F282 Services by qualified persons/per care plan. This provider ensures that services provided or arranged by the facility is provided by qualified persons in accordance with each resident's written plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Residents that reside in the facility are at risk for the deficient practice. Resident #17 diet orders were evaluated by the RD and order was clarified per recommendations and physician. No added Salt diet was discontinued. Resident # 117</p>		09/30/2011

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	<p>Nutrition.</p> <p>The 9/6/11 physician telephone order indicated Resident #17's diet clarification was mechanical soft, consistent carbohydrate, NAS (no added salt), nectar thick liquids, and fortified foods.</p> <p>During observation of Resident #17 eating lunch on 9/8/11 at 1:00 p.m., she was observed with an open salt packet on her tray.</p> <p>During interview with the RD (registered dietitian) on 9/8/11 at 1:40 p.m., she indicated Resident #17 should not have had a salt packet on her tray due to her NAS diet.</p> <p>2. The clinical record for Resident #117 was reviewed on 9/8/11 at 12:20 a.m.</p> <p>The diagnoses for Resident #117 included, but were not limited to: Diabetes Mellitis, Hyperlipidemia, and Hypertension.</p> <p>The September, 2011 physician's recapitulation orders indicated Resident #117's diet was consistent carbohydrate, NAS (no added salt), and low cholesterol.</p> <p>During observation of Resident #117 eating lunch in his room on 9/8/11 at</p>				<p>diet order was reviewed by Dietary Clinician and ordered clarified by recommendations and physician. Resident now receiving a NAS diet. Resident #5 diet order was reviewed by Dietary Clinician and order clarified per recommendations and physician. Diet is Regular with ground meat.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Residents that reside in the facility have the potential to be affected by the alleged deficient practice. Residents with therapeutic diet physician orders were reviewed to ensure compliance. No other residents were identified. What measures will be put into place or systemic changes you will make to ensure that the deficient practice does not recur. Dietary Manager or designee will in-service staff, to include department heads and nursing staff on or before September 30, 2011 regarding reading tray cards and providing items as listed per tray card. Dietary Manager or designee will audit meal service accuracy concerning consistency of meal per physician's orders. Dietary technician will audit tray cards to ensure they match physician orders. Department heads will double check that the tray cards match the physician orders. Nursing staff to be inserviced on or before</p>		

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	<p>12:40 p.m., he was observed with a salt packet on his tray.</p> <p>During interview with the RD (registered dietician) on 9/8/11 at 1:41 p.m., she indicated Resident #117 should not have had a salt packet on his tray due to his NAS diet.</p> <p>3. The clinical record for Resident #5 was reviewed on 9/8/11 at 12:30 p.m.</p> <p>The diagnoses for Resident #5 included, but were not limited to: Hyponatremia, Hyperlipidemia, Barrett's Esophagitis and Hypertension.</p> <p>The 9/6/11 physician telephone order indicated Resident #5's diet clarification was regular with fortified foods and ice cream at lunch and dinner.</p> <p>During observation of Resident #5 eating lunch in the Main Dining Room on 9/8/11 at 1:10 p.m., he was observed eating a mechanical soft diet consisting of ground, chopped up hamburger.</p> <p>The 9/8/11 meal ticket for Resident #5 provided by the RD (registered dietician) on 9/8/11 at 3:00 p.m. indicated the diet for Resident #5 was mechanical soft.</p> <p>During interview with the RD on 9/8/11 at</p>				<p>9/30/11 on dietary communication slips and ensuring the Dietary technician receives any changes. A box marked "Diet Communication Slips" will be placed outside the Dietary technicians office. The interdisciplinary team will review the physician telephone orders Monday-Friday excluding holidays and weekends to monitor altered diet orders. Dietary technician attends IDT meeting and updates meal ticket at that time. Weekend manager will be responsible for reviewing orders and updating of meal tickets on the weekend. All physician orders for altered diets have been audited by Dietary Technician to ensure meal tickets are accurate. A department head will be assigned to every meal, to ensure compliance, weekly x 4, monthly x 2. If a deficiency is noted, an action plan will be developed and implemented. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place CQI tool "Meal Service Observation" will be completed by Dietary Manager or designee weekly x 4, monthly x 2 and quarterly X 2. If a deficiency is noted, an action plan will be developed and implemented. Dietary Manager or designee is responsible for monitoring compliance. Any findings will be brought to the QA team on a monthly basis.</p>		

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F0325 SS=D	<p>3:00 p.m., she indicated she never received the 9/6/11 physician ordered diet clarification for Resident #5.</p> <p>3.1-35(g)(2)</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p>			F0325	<p>F325 Maintain Nutrition Status Unless Unavoidable This provider ensures that residents maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible; and receives a therapeutic diet when there is a nutritional problem. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Residents that reside in the facility are at risk for the deficient practice. Resident #17 diet orders were evaluated by the RD and order</p>		09/30/2011

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					<p>was clarified per recommendations and physician. No added Salt diet was discontinued. Resident # 117 diet order was reviewed by Dietary Clinician and ordered clarified by recommendations and physician. Resident now receiving a NAS diet. Resident #5 diet order was reviewed by Dietary Clinician and order clarified per recommendations and physician. Diet is Regular with ground meat.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Residents that reside in the facility have the potential to be affected by the alleged deficient practice. Residents with therapeutic diet physician orders were reviewed to ensure compliance. No other residents were identified. What measures will be put into place or systemic changes you will make to ensure that the deficient practice does not recur. Dietary Manager or designee will in-service staff, to include department heads and nursing staff on or before September 30, 2011 regarding reading tray cards and providing items as listed per tray card. Dietary Manager or designee will audit meal service accuracy concerning consistency of meal per physician's orders. Dietary technician will audit tray cards to ensure they match physician orders.</p>		

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					Department heads will double check that the tray cards match the physician orders. Nursing staff to be inserviced on or before 9/30/11 on dietary communication slips and ensuring the Dietary technician receives any changes. A box marked "Diet Communication Slips" will be placed outside the Dietary technicians office. The interdisciplinary team will review the physician telephone orders Monday-Friday excluding holidays and weekends to monitor altered diet orders. Dietary technician attends IDT meeting and updates meal ticket at that time. Weekend manager will be responsible for reviewing orders and updating of meal tickets on the weekend. All physician orders for altered diets have been audited by Dietary Technician to ensure meal tickets are accurate. A department head will be assigned to every meal, to ensure compliance, weekly x 4, monthly x 2. If a deficiency is noted, an action plan will be developed and implemented. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place CQI tool "Meal Service Observation" will be completed by Dietary Manager or designee weekly x 4, monthly x 2 and quarterly X 2. If a deficiency is noted, an action plan will be developed and implemented. Dietary Manager or		

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	<p>indicated Resident #17 should not have had a salt packet on her tray due to her NAS diet.</p> <p>2. The clinical record for Resident #117 was reviewed on 9/8/11 at 12:20 a.m.</p> <p>The diagnoses for Resident #117 included, but were not limited to: Diabetes Mellitis, Hyperlipidemia, and Hypertension.</p> <p>The September, 2011 physician's recapitulation orders indicated Resident #117's diet was consistent carbohydrate, NAS (no added salt), and low cholesterol.</p> <p>During observation of Resident #117 eating lunch in his room on 9/8/11 at 12:40 p.m., he was observed with a salt packet on his tray.</p> <p>During interview with the RD (registered dietician) on 9/8/11 at 1:41 p.m., she indicated Resident #117 should not have had a salt packet on his tray due to his NAS diet.</p> <p>3. The clinical record for Resident #5 was reviewed on 9/8/11 at 12:30 p.m.</p> <p>The diagnoses for Resident #5 included, but were not limited to: Hyponatremia, Hyperlipidemia, Barrett's Esophagitis and</p>						

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R0000	<p>Hypertension.</p> <p>The 9/6/11 physician telephone order indicated Resident #5's diet clarification was regular with fortified foods and ice cream at lunch and dinner.</p> <p>During observation of Resident #5 eating lunch in the Main Dining Room on 9/8/11 at 1:10 p.m., he was observed eating a mechanical soft diet consisting of ground, chopped up hamburger.</p> <p>The 9/8/11 meal ticket for Resident #5 provided by the RD (registered dietician) on 9/8/11 at 3:00 p.m. indicated the diet for Resident #5 was mechanical soft.</p> <p>During interview with the RD on 9/8/11 at 3:00 p.m., she indicated she never received the 9/6/11 physician ordered diet clarification for Resident #5.</p> <p>3.1-46(a)(2)</p>			R0000			